

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8414	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Paul R Andersen P.O. Box, Bldg., Room No., if any Street 3533 Crystal Place City Wayzata State MN ZIP Code + 4 55391	4. Name, file number, and address of labor organization. Name IVEC Local No. 9 Labor Organization File Number 052242 P.O. Box, Building and Room Number, if any Street 433 Little Canada Road East City Little Canada State MN ZIP Code + 4 55117
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name National Elevator Industry Ed. Program Trade Name, if any: NEIEP P.O. Box, Bldg., Room No., if any Street Eleven Larsen way City Attleboro Falls State MA ZIP Code + 4 02763	7.a. Nature of Interest, Transaction, or Income. Inspector pay 4860.00 7.b. Amount. 4860.00
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Paul R Andersen

On

08-09-05

Date

952 471 9666

Telephone Number

2004 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2004 pay stub plus any adjustments submitted by your employer.

Gross Pay	4860.00	Social Security Tax Withheld	301.32	MN, State Income Tax	205.41
		Box 4 of W-2		Box 17 of W-2	
Fed. Income Tax Withheld	353.21	Medicare Tax Withheld	70.47	Box 14 of W-2	
Box 2 of W-2		Box 6 of W-2			

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

Gross Pay	4,860.00	Wages, Tips, other Compensation	4,860.00	Social Security Wages	4,860.00	Medicare Wages	4,860.00	MN, State Wages, Tips, Etc.	4,860.00
Reported W-2 Wages		Box 1 of W-2		Box 3 of W-2		Box 5 of W-2		Box 16 of W-2	

1	Wages, tips, other comp.	4860.00	2	Federal income tax withheld	353.21
3	Social security wages	4860.00	4	Social security tax withheld	301.32
5	Medicare wages and tips	4860.00	6	Medicare tax withheld	70.47
a	Control Number	009300	Comp.	Employer use only	8
009009	46/AFQ	009300	A		
c Employer's name, address, and ZIP code					
NATIONAL ELEVATOR INDUSTRY 11 LARSEN WAY ATTLEBORO FALLS MA 02763					
Batch #00993					
b	Employer's FED ID number	23-6421955	d	Employer's SSA number	472-66-2700
7	Social security tips		8	Allocated tips	
9	Advance EIC payment		10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other		12b		
			12c		
			12d		
			13	Stat emp/ret, plan/ret party sick pay	
e/f Employee's name, address and ZIP code					
PAUL R. ANDERSEN 3533 CRYSTAL PL WAYZATA MN 55391					
15	State Employer's state ID no.	1406308	16	State wages, tips, etc.	4860.00
17	State income tax	205.41	18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	

Safe, accurate, **use e-file** Visit the IRS Web Site at www.irs.gov.

Employee Reference Copy
W-2 Wage and Tax Statement
2004
Copy C for employee's records
OMB No. 1545-0008

PAUL R. ANDERSEN
3533 CRYSTAL PL
WAYZATA MN 55391

Social Security Number: 472-66-2700
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0